

Sociedad Hispánica de Amistad

This national society is devoted to the advancement of Spanish and Portuguese in public and independent elementary and middle schools and is sponsored by the American Association of Teachers of Spanish and Portuguese.

Charter Application

In order to sponsor a chapter of the Sociedad Hispánica de Amistad, I submit the following information, and affirm it to be true:

1. Name of school. _____

2. This school is classified as: a. elementary _____ b. middle school _____ c. junior high _____

3. Circle the grade level in which instruction in the language is first begun:

K 1 2 3 4 5 6 7 8 9 (junior high only)

4. How many minutes per week is the language taught at each grade level?

K _____ 1 _____ 2 _____ 3 _____ 4 _____ 5 _____ 6 _____ 7 _____ 8 _____ 9 (junior high only) _____

5. What is the highest level of proficiency attained by students in the program?

Exploratory only. (Students still enroll in Spanish I when they enter high school.) _____

Students complete equivalent of high school Spanish I _____

Students complete equivalent of high school Spanish II _____

Students complete equivalent of high school Spanish III _____

Other. (Please explain.) _____

6. At what point in your program do you plan to first begin admitting students to the Sociedad Hispánica de Amistad?

K 1 2 3 4 5 6 7 8 9

7. I am a current member of the American Association of Teachers of Spanish and Portuguese. Yes _____ No _____

8. Include FIVE proposed chapter names in order of preference. Names should be brief, in Spanish, and may be historical, literary, or of special significance to your school. EXAMPLES: "Manos Unidas", "Alumnos de Honor", "Picasso", "Pancho Villa", etc.

1. _____

2. _____

3. _____

PLEASE TYPE OR PRINT NEATLY.

4. _____

5. _____

9. Sponsor's name _____ Sponsor's signature _____

School _____ School phone number (____) _____

School E-mail address _____ School fax number (____) _____

School address _____ City, State, Zip _____

Sponsor's signature _____ Date _____

Sponsor's home phone number (____) _____ Sponsor's E-mail address _____

This form must be completed and mailed to the National Director of the SHA with a check for 25.00 payable to: SOCIEDAD HISPANICA DE AMISTAD

**Sociedad Hispánica de Amistad
P.O. Box 4128
Frankfort, KY 40604-4128
502-875-1989
SHAmistad@aol.com**